

Exhibit 22

Plaintiffs' Corrected Averment of Jurisdictional Facts and Evidence
and/or Statement of Facts as to Defendant Al Rajhi Bank
Pursuant to Rule 56.1

2000 ANNUAL REPORT
 COMMONWEALTH OF VIRGINIA
 STATE CORPORATION COMMISSION

20039 1483
 06-06-2000



① CORPORATION NAME:
SAAR FOUNDATION, INC., THE

DUE DATE: 07/31/2000

② REGISTERED AGENT NAME AND ADDRESS: PRES.

CORPORATION ID: 0244665-6

M YAQUB MIRZA
 555 GROVE STREET SUITE 110
 HERNDON, VA 20170-4705

⑤ STOCK INFORMATION:

CLASS	AUTHORIZED

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY

④ STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

Carefully read the attached instruction sheet and type or print with black ink only. If Block ⑥ is blank, you must add the principal office address. If block ⑦ is blank, you must add the officer and/or director information.

⑥ PRINCIPAL OFFICE ADDRESS

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
ADDRESS: 555 GROVE ST STE 110	ADDRESS:
CITY/ST/ZIP: HERNDON, VA 20170-4705	CITY/ST/ZIP:

⑦ PRINCIPAL OFFICERS AND DIRECTORS

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: M YAQUB MIRZA	NAME:
TITLE: P/CEO/TRUSTEE	TITLE:
ADDRESS: 11922 SAFA COURT	ADDRESS:
CITY/ST/ZIP: HERNDON, VA 20170	CITY/ST/ZIP:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE.

SIGNATURE

M. YAQUB MIRZA

PRINTED NAME

06/02/2000

DATE

MUST BE SIGNED BY AN OFFICER OR DIRECTOR LISTED IN THIS REPORT.

B7929

2/3

PEC-BARZ013117

2000 ANNUAL REPORT CONTINUED

CORPORATE ID: 0244665-6

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: CHERIF SEDKY	NAME:
TITLE: S/TRUSTEE	TITLE:
ADDRESS: 555 GROVE STREET	ADDRESS:
CITY/ST/ZIP: HERNDON, VA 20170-4705	CITY/ST/ZIP:
NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: MOHAMMAD JAGHLIT	NAME:
TITLE: T/D	TITLE:
ADDRESS: 11921 SAFA CT	ADDRESS:
CITY/ST/ZIP: HERNDON, VA 22070	CITY/ST/ZIP:
NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME:	NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME:	NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:

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PEC-BARZ013118

1999 ANNUAL REPORT 9948 1354
 COMMONWEALTH OF VIRGINIA 07-06-1999
 STATE CORPORATION COMMISSION



1 CORPORATION NAME:
 SAAR FOUNDATION, INC., THE

DUE DATE: 08/02/1999

2 REGISTERED AGENT NAME AND ADDRESS: PRES.

CORPORATION ID: 0244665-6

M YAQUB MIRZA
 555 GROVE STREET SUITE 110
 HERNDON, VA 20170-4705

5 STOCK INFORMATION:

CLASS	AUTHORIZED

3 CITY OR COUNTY OF VA REGISTERED OFFICE:

129-FAIRFAX COUNTY

4 STATE OR COUNTRY OF INCORPORATION:

VA-VIRGINIA

IF THIS IS THE CORPORATION'S FIRST YEAR FOR FILING AN ANNUAL REPORT, PLEASE FILL IN BLOCKS 6 AND 7. PLEASE READ THE INSTRUCTION SHEET CAREFULLY AND TYPE OR PRINT WITH BLACK INK ONLY. THIS REPORT MUST BE SIGNED BY AN OFFICER OR DIRECTOR LISTED IN THIS REPORT.

6 PRINCIPAL OFFICE ADDRESS

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
ADDRESS: 555 GROVE ST STE 110	ADDRESS:
CITY/ST/ZIP: HERNDON, VA 20170-4705	CITY/ST/ZIP:

7 PRINCIPAL OFFICERS AND DIRECTORS

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
NAME: M YAQUB MIRZA TITLE: P/CEO/TRUSTEE ADDRESS: 11922 SAFA COURT CITY/ST/ZIP: HERNDON, VA 20170	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE.

M. Yaqub Mirza
 SIGNATURE

PRESIDENT/CEO
 PRINTED TITLE

6/25/99
 DATE

PLEASE SIGN AND DATE THIS REPORT (EVEN IF THERE ARE NO CHANGES TO THE INFORMATION ON FILE). 23

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PEC-BARZ013119

1999 ANNUAL REPORT CONTINUED

CORPORATE ID: 0244665-6

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: CHERIF SEDKY TITLE: S/TRUSTEE ADDRESS: 555 GROVE STREET CITY/ST/ZIP: HERNDON, VA 20170-4705	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: MOHAMMAD JAGHLIT TITLE: T/D ADDRESS: 11921 SAFA CT CITY/ST/ZIP: HERNDON, VA 22070	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	NAME: TITLE: ADDRESS: CITY/ST/ZIP:
NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	NAME: TITLE: ADDRESS: CITY/ST/ZIP:

3/3

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PEC-BARZ013120

9810 2483
06-11-1998

1998 ANNUAL REPORT

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

CORPORATION NAME:
SAAR FOUNDATION, INC., THE

DUE DATE: 07/31/1998
CORPORATION ID: 0244665-6

REGISTERED AGENT NAME AND ADDRESS: PRES.
M YAQUB MIRZA
555 GROVE STREET SUITE 110
HERNDON, VA 20170-4705

STOCK INFORMATION:

CLASS	AUTHORIZED

CITY OR COUNTY OF VA REGISTERED OFFICE:
129 - FAIRFAX COUNTY

STATE OR COUNTRY OF INCORPORATION:
VA - VIRGINIA

IF THIS IS THE CORPORATION'S FIRST YEAR FOR FILING AN ANNUAL REPORT, PLEASE
FILL IN BLOCKS 6 AND 7. PLEASE READ THE INSTRUCTION SHEET CAREFULLY AND TYPE
OR PRINT WITH BLACK INK ONLY. THIS REPORT MUST BE SIGNED BY AN OFFICER OR
DIRECTOR LISTED IN THIS REPORT.

6 PRINCIPAL OFFICE ADDRESS

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
ADDRESS: 555 GROVE ST STE 110	ADDRESS:
CITY/ST/ZIP: HERNDON, VA 20170-4705	CITY/ST/ZIP:

7 PRINCIPAL OFFICERS AND DIRECTORS

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
NAME: M YAQUB MIRZA TITLE: P/CEO/TRUSTEE ADDRESS: 11922 SAFA COURT CITY/ST/ZIP: HERNDON, VA 20170	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

B001N0000228

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE.

M. Y. Mirza
SIGNATURE

PRESIDENT/CEO
PRINTED TITLE

6/5/98
DATE

PLEASE SIGN AND DATE THIS REPORT (EVEN IF THERE ARE NO CHANGES TO THE INFORMATION ON FILE).

PEC-BARZ013121

1998 ANNUAL REPORT CONTINUED

CORPORATE ID: 0244665-6

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
NAME: CHERIF SEDKY TITLE: S/TRUSTEE ADDRESS: 555 GROVE STREET CITY/ST/ZIP: HERNDON, VA 20170-4705	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

NO CHANGE <input checked="" type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
NAME: MOHAMMAD JAGHLIT TITLE: T/D ADDRESS: 11921 SAFA CT CITY/ST/ZIP: HERNDON, VA 22070	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

NO CHANGE <input type="checkbox"/> REMOVE ENTIRE NAME/ADDRESS <input type="checkbox"/>	MAKE ADDITIONS/CHANGES IN RIGHT COLUMN ONLY
NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

B001N0000228

PEC-BARZ013122

1997 ANNUAL REPORT

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

1 CORPORATION NAME:
SAAR FOUNDATION, INC., THE

2 REGISTERED AGENT: DIR.

DR. HISHAM ALTALIB
555 GROVE ST STE 200
HERNDON VA 20170-4705

6 ADDRESS OF CORPORATION'S PRINCIPAL OFFICE:

THE SAAR FOUNDATION INC
555 GROVE ST STE 200
HERNDON, VA 22070

PLEASE READ THE INSTRUCTION SHEET
CAREFULLY AND TYPE OR PRINT WITH
BLACK INK ONLY. THIS REPORT MUST BE
SIGNED BY AN OFFICER OR DIRECTOR.

7 ADD / CHANGES TO PRINCIPAL OFFICE ADDRESS:

STREET 555 GROVE STREET

SUITE 110

CITY HERNDON

CORP. PHONE # 7 0 3 4 7 1 6 4 6 6

CORPORATION ID: 0244665-6

3 CITY OR COUNTY OF VA REGISTERED OFFICE:

129 - FAIRFAX COUNTY

4 STATE OR COUNTRY OF INCORPORATION:

VA - VIRGINIA

5 STOCK INFORMATION:

CLASS	AUTHORIZED

8 PRINCIPAL OFFICER OR DIRECTOR:



NO CHANGE CHANGE REMOVE ENTIRE NAME/ADDRESS

M YAQUB MIRZA
CEO/S
11922 SAFA COURT
HERNDON, VA 22070

Officer Director

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

FIRST NAME M.

MIDDLE NAME YAQUB

LAST NAME MIRZA

TITLE PRESIDENT/CEO/TRUSTEE

OFFICER DIRECTOR

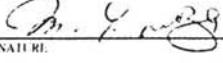
STREET 11922 SAFA COURT

CITY HERNDON

STATE V A

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS
ACCURATE AND THAT NONE OF IT IS FALSE IN ANY MATERIAL RESPECT.

ZIP 20170

SIGNATURE 

PRESIDENT

3/17/97

DATE

B002N0087099

PEC-BARZ013123

CONTINUATION SHEET

1997 ANNUAL REPORT

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

971196600001

CORPORATION NAME:
SAAR FOUNDATION, INC., THE

CORPORATION ID: 0244665-6

[8] PRINCIPAL OFFICERS AND DIRECTORS:

NO CHANGE CHANGE REMOVE ENTIRE NAME/ADDRESSMOHAMMAD JAGHLIT
T/D
11921 SAFA CT
HERNDON, VA 22070Officer Director

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

FIRST
NAME:MIDDLE
NAME:LAST
NAME:

TITLE:

STREET:

CITY:

STATE:

ZIP:

OFFICER DIRECTOR NO CHANGE CHANGE REMOVE ENTIRE NAME/ADDRESSCHERIF SEDKY
DIRECTOR
555 GROVE STREET
HERNDON, VA 22070-4705Officer Director

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

FIRST
NAME: CHERIFMIDDLE
NAME:LAST
NAME: SEDKY

TITLE: SECRETARY/TRUSTEE

STREET: 555 GROVE STREET

CITY: HERNDON

OFFICER DIRECTOR

STATE: V A

ZIP: 20170 4705

B002N0087099

PEC-BARZ013124

3-25-96

DO NOT STAPLE

CORPORATION NAME:
SAAR FOUNDATION, INC., THE

REGISTERED AGENT: DIR.
DR. HISHAM ALTALIB
555 GROVE STREET, SUITE 200
HERNDON, VA 22070-4705

USE THE ENCLOSED FORM 635/834 FOR CHANGES TO REGISTERED AGENT.

ADDRESS OF CORPORATION'S PRINCIPAL OFFICE:
THE SAAR FOUNDATION INC
555 GROVE ST STE 200
HERNDON, VA 22070

PLEASE READ THE INSTRUCTIONS ON THE
BACK CAREFULLY AND TYPE OR PRINT WITH
BLACK INK ONLY. THIS REPORT MUST BE
SIGNED BY AN OFFICER OR DIRECTOR.

ADD / CHANGES TO PRINCIPAL OFFICE ADDRESS:

PAGE 1 OF 3 0115717
CORPORATION ID: 0244665-6

STATE OR COUNTRY OF INCORPORATION:
VA - VIRGINIA
 CITY OR COUNTY OF VA REGISTERED OFFICE
129 - FAIRFAX COUNTY

STOCK INFORMATION

CLASS	AUTHORIZED

PRINCIPAL OFFICER OR DIRECTOR



X

M YAQUB MIRZA
CEO/S
11922 SAFA COURT
HERNDON, VA 22070

Officer Director

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS
ACCURATE AND THAT NONE OF IT IS FALSE IN ANY MATERIAL RESPECT.

SIGNATURE

CEO/SEC
PRINTED TITLE

M. YAQUB MIRZA
PRINTED NAME

3/22/96
DATE

PEC-BARZ013125

COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSIONCORPORATION NAME:
SAAR FOUNDATION, INC., THEPAGE 2 OF 3 0115717
CORPORATION ID: 0244665-6 PRINCIPAL OFFICERS AND DIRECTORS

X

HISHAM ALTALIB
T/AS
11926 SAFA COURT
HERNDON, VA 22070

Officer X Director X

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:



X

JAMAL BARZINJI
CHAIRMAN
11919 SAFA COURT
HERNDON, VA 22070

Officer X Director X

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

PEC-BARZ013126

1995 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSIONCORPORATION NAME:
SAAR FOUNDATION, INC., THEPAGE 3 OF 3 0115717
CORPORATION ID: 0244665-6 PRINCIPAL OFFICERS AND DIRECTORSMOHAMMAD JAGHLIT
DIRECTOR
11921 SAFA COURT
HERNDON, VA 22070

Officer Director X

X

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

M O H A M M A D

J A G H L I T

T R E A S U R E R / D I R E C T O R
1 1 9 2 1 S A F A C O U R T

X X

H E R N D O N

V A

2 2 0 7 0

X

Officer Director

CHANGES TO PRINCIPAL OFFICER OR DIRECTOR NAME/ADDRESS:

C H E R I F

S E D K Y

D I R E C T O R

5 5 5 G R O V E S T R E E T

X

H E R N D O N

V A

2 2 0 7 0 4 7 0 5